



State of Washington Application for a Water Right

For Ecology Use
Fee Paid
Date

RECEIVED
DEPT. OF ECOLOGY/SWRP
OCT 28 10:23

Please follow the attached instructions to avoid unnecessary delays.

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name City of Rainier Home Tel: (360) 446 - 2265 (City Hall)
 Mailing Address 102 Rochester Street, P. O. Box 25 Work Tel: (360) 446 - 2636 (City Shop)
 City Rainier State WA Zip+4 98576 + _____ FAX: (360) 446 - 2720 (City Hall)

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name Karl Johnson, Gray & Osborne Consulting Engineers, Inc. Home Tel: (_____) _____ - _____
 Mailing Address 2401 Bristol Court SW Work Tel: (360) 754 - 4266
 City Olympia State WA Zip+4 98502 + _____ FAX: (360) 754 - 2135
 Relationship to applicant City Engineer

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 500 (gallons per minute or cubic feet per second) from a surface water source or ground water source (check only one) for the purpose(s) of Municipal Supply. **ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.)** NOTE: A tax parcel number or a plat number is not sufficient. **The Water Service Area for the City of Rainier See attached map for current service area.**
 Estimate a maximum annual quantity to be used in acre-feet per year: 200

Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:
 From ___/___/___ to ___/___/___

Section 4. WATER SOURCE

If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for <u>One to two</u> well(s).
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): Estimated 12-inch Diameter by 100 to 150 feet deep

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: **See attached Site Map**

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
SW	SW	9	16N	1E	Thurston			

For Ecology Use Date Received: 10-28-05 Priority Date: 10-28-05
 SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____
 Date Accepted As Complete 3/22/06 By SU Date Returned _____ By _____ WRIA: 13

Appl. No.: G-2-30318

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: City of Rainier
- B. Briefly describe your proposed water system. **(See instructions.)**

Existing system serves City of Rainier. Additional capacity is requested to meet growth and demand projections within City of Rainier's Urban Growth Area pursuant to City's Growth Management Plan.

- C. Do you already have any water rights or claims associated with this property or system? YES NO
PROVIDE DOCUMENTATION. See attached copies of claims, permits and certificates

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION
(Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 500 (est) Type of connection Residential, Commercial, Industrial
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? YES NO
If yes, explain why you are unable to connect to the system. *Note: Regional water systems are identified by your County Health Department.* We are the approved water system.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? YES NO
If yes, when was it approved? 1998 Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? YES NO
If yes, when was it approved? 1998 Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION
(Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: _____
- B. List total number of acres for other specified agricultural uses:
Use _____ Acres _____
Use _____ Acres _____
Use _____ Acres _____
- C. Total number of acres to be covered by this application: _____
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001)
Add up the acreage in which you have a controlling interest, including only:
‡ Acreage irrigated under water rights acquired after December 8, 1977;
‡ Acreage proposed to be irrigated under this application;
‡ Acreage proposed to be irrigated under other pending application(s).

1. Is the combined acreage greater than 6000 acres? YES NO
2. Do you have a controlling interest in a Family Farm Development Permit? YES NO
If yes, enter permit no: _____
- E. Farm uses:
Stockwater - Total # of animals _____ Animal type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

YES NO

Will use existing 100,000-gallon and 350,000-gallon reservoirs and plan to erect additional reservoirs in the future.

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Section 10. REQUIRED MAP

A. Attach a map of the project. (**See instructions.**)

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? YES NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

The City of Rainier Water System serves privately and publicly owned properties within the City of Rainier
Water Service Area.

B. Does the applicant own the land on which the water source is located? YES NO
If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Shuy O'Neil
Applicant (or authorized representative)

10-26-05
Date

Same
Landowner for place of use (if same as applicant, write "same")

10-26-05
Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):		
<input checked="" type="checkbox"/> Examination fee was not enclosed	Additional \$100.00 required	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s) incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested above and return your application by _____ (date).		

Ecology staff Therese Amador Date 1/6/05

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).